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ABSTRACT

This paper is a review of literature regarding internalization of Western culture's thin-ideal. The media's portrayal of a thin-ideal associates success and beauty with being thin. Research has shown that exposure to the culture's thin-ideal does not necessarily lead to eating pathology, but those who internalize the standard are more likely to experience body dissatisfaction and eating disorder symptoms. Several researchers have adopted the sociocultural theory and others maintain that individuals are incorporating the thin-ideal into their sense of self and beliefs. Internalization is correlated with various co-factors, such as depression, personality, self-esteem, and relationships. Treatments for internalization if the thin-ideal have been somewhat successful. (Contains 57 references.) (Author)

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INTERNALIZATION OF WESTERN CULTURE'S THIN-IDEAL: A LITERATURE REVIEW ON INTERNALIZATION AND INDIVIDUALS WITH EATING DISORDERS

A Doctoral Research Paper

Presented to

the Faculty of the Rosemead School of Psychology

Biola University

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Psychology

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by

Nicole Kay Albertson

May, 2003

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ABSTRACT

INTERNALIZATION OF WESTERN CULTURE'S THIN-IDEAL: A LITERATURE REVIEW ON INTERNALIZATION AND INDIVIDUALS WITH EATING DISORDERS

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Nicole Kay Albertson

This paper is a review of literature regarding internalization of Western culture's thin-ideal. The media's portrayal of a thin-ideal associates success and beauty with being thin. Research has shown that exposure to the culture's thin-ideal does not necessarily lead to eating pathology, but those who internalize the standard are more likely to experience body dissatisfaction and eating disorder symptoms. Several researchers have adopted the sociocultural theory and others maintain that individuals are incorporating the thin-ideal into their sense of self and beliefs. Internalization is correlated with various co-factors, such as depression, personality, self-esteem, and relationships. Treatments for internalization of the thin-ideal have been somewhat successful.

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INTERNALIZATION OF WESTERN CULTURE'S THIN-IDEAL: A LITERATURE REVIEW ON INTERNALIZATION AND INDIVIDUALS WITH EATING DISORDERS

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INTERNALIZATION OF WESTERN CULTURE'S THIN-IDEAL: A LITERATURE REVIEW ON INTERNALIZATION AND INDIVIDUALS WITH EATING DISORDERS

Introduction

In a recent article on "Hollywood's Obsession with Weight," popular culture magazine, *Us Weekly*, declares, "The story is distressingly familiar in the post-*Ally McBeal* entertainment world, where many casting directors, personal trainers, agents, stylists and even actors themselves often seem to believe that beauty and success are synonymous with an unnaturally thin body" (Bell, Gold, Torres, & Milter, 2001, p. 52). Another popular culture magazine, *People Weekly*, recently polled 1000 women over the telephone to find that 90 percent of the respondents were not completely satisfied with their bodies, and 80 percent felt "images of women on TV and in movies, fashion magazines and advertising make them feel insecure about their looks" (Dam, 2000, p. 114). Accordingly, a common image in Western culture is a media creation of a "thin-ideal," which portrays being thin a "desirable trait in and of itself or at least a trait that accompanies other desirable traits" such as success, intelligence, and sociability (Harrison, 2000, p. 121; Stice, 1994).

In several studies, researchers observed that individuals, who seem to internalize Western Culture's thin-ideal, are more likely to endorse eating disorder symptoms and body dissatisfaction on various questionnaires. (Cusumano & Thompson, 2000;

Gunewardene, Huon, & Zheng, 2001; Heinberg, Thompson, & Stormer, 1995; Irving, DuPen, & Berel, 1998; Kendler et al., 1991; Stice, 1994; Stice, Agras, & Hammer, 1999; Stice, Killen, Hayward, & Taylor, 1998; Stice, Mazotti, Weibel, & Agras, 2000; Stice, Schupak-Neuberg, Shaw, & Stein, 1994; Smolak, Levine, & Thompson, 2001; Stormer & Thompson, 1996; Thomsen, McCoy, & Williams, 2001). This internalization appears to reach beyond mere exposure of the thin-ideal to an endorsement and acceptance of the message that thinness is advantageous and leads to desired traits (Cusumano & Thompson, 1997; Cusumano & Thompson, 2000; Heinberg et al., 1995; Smolak et al., 2001). Yet, several researchers are finding that internalizing the thin-ideal, versus exposure to the media's message, may actually lead to severe body dissatisfaction and symptoms of eating pathology (Cash & Szymanski, 1995; Cusumano & Thompson, 1997; Stice, 1994; Stice et al., 1994; Stormer & Thompson, 1996; Thomsen et al., 2001; Wiederman & Pryor, 2000).

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) classifies someone with an eating disorder as one who exhibits severe eating attitudes and behaviors. The two most prominent clinical disorders are anorexia nervosa and bulimia nervosa. Anorexics generally refuse to maintain a minimal body weight of at least 85% of what is expected for someone of their height, and bulimics tend to engage in repeated binge eating followed by an "inappropriate compensatory behavior," usually referred to as a purge (APA, 2000, p. 594). Other eating disorders not fitting into these two categories are typically classified as Eating Disorders Not Otherwise Specified, and research is being conducted to possibly include a binge eating disorder for those who binge but do not purge.

Although anorexia and bulimia appear to be physiological disorders because the majority of the disorder is focused on physical symptoms, both conditions involve psychological and cultural components. Anorexics and bulimics tend to place great importance and significance on their body size, so much so that their self-esteem becomes highly dependent on their body shape and weight (APA, 2000). Studies have found that body image is multidimensional, in that it not only includes several physical attributes such as weight, facial features, and coordination, but also emotional and cognitive experiences of one's body (Cash 1994; Cash & Szymanski, 1995). Furthermore, body dissatisfaction has been correlated with a "drive for thinness" and "internalization of the thin-ideal," perhaps indicating that those individuals, who are dissatisfied with their bodies, feel and believe they are not equivalent with a cultural standard (Stice, 1994; Stice et al., 1994; Stormer & Thompson, 1996; Wiederman & Pryor, 2000). Accordingly, the American Psychological Association believes anorexia and bulimia tend to be prevalent in industrialized cultures, where the people in such societies have access to large quantities of food, and being thin is coupled with being attractive (see also Hepworth, 1999).

Gender

According to the DSM-IV-TR, more than 90% of anorexics and bulimics are female. Although researchers are beginning to explore the prevalence of eating disorders in males, most of these researchers are still finding that females tend to endorse more of the traditional eating disorder traits than their male counterparts (Rand & Wright, 2000; Smolak et al., 2001; Cusumano & Thompson, 2000; Harrison, 2000; Pope, Olivardia,

Gruber, & Borowiecki, 1999). Additionally, although males are also influenced by the cultural standards of beauty, females seem to compare themselves to the media's message of a thin-ideal significantly more than males (Harrison, 2000; Smolak et al, 2001; Cusumano & Thompson, 2000). For the above reasons, this paper will focus on internalization of the thin-ideal in females, acknowledging that some of the findings may or may not be true of males.

The Role of Physical Appearance

Over the last few decades, the weight of the ideal body displayed in the media has decreased, while the number of articles and advertisements promoting weight-loss has increased (Stice, 1994; Stice et al., 1994; Rand & Wright, 2000; Dam, 2000). Consequently, researchers have found that female physical attractiveness may be a cultural value, where females are judged by their perceived physical attractiveness, and attractive women are usually considered more feminine and successful (Hepworth, 1999; Rand & Wright, 2000; Stice, 1994; Stice, et al., 1994). In fact, Hepworth (1999) believes placing women next to desirable objects in advertising meant women were also marketed as "objects of desire," and this practice "encouraged a culture of self-evaluation in terms of physical appearance" (p. 61). Moreover, attractiveness appears to be rewarded, as thinner women are perceived as more successful and given more options to succeed (Irving et al., 1998; Stice, 1994).

Additionally, the thin-ideal is compounded by the centrality of appearance within the female gender-role and societal success (Stice, 1994; Stormer & Thompson, 1996). Emphasizing the tendency for society to place more attention on the female thin-ideal,

Cusumano and Thompson (1997) found that female, undergraduate students choose to read magazines that illustrate thinner bodies versus average to fuller-figured images, and the majority of women's magazines have images "skewed toward thinness" (p. 717). Further, Rand and Wright (2000) discovered that the young adult age group they surveyed preferred a thinner, young, adult, female ideal size to an ideal male size. The specifications of these two studies will be explained in subsequent sections.

Exposure versus Internalization

Nonetheless, repeated exposure to the media's thin-ideal does not necessarily result in espousal of the thin-ideal (Cusumano & Thompson, 2000; Harrison, 2000; Stice et al., 1994; Smolak et al., 2001). For example, Harrison (2000) discovered that simple exposure to the thin-ideal in media did not predict eating-disorder symptoms in adolescent males and females, but another factor labeled, "interest" (a variable that measured if respondents were particularly interested in the thin-ideal media due to factors such as fitness, dieting, and sports) was significantly predictive of drive for thinness and body dissatisfaction for the adolescents in her study. Further, some studies have developed measures that appear to distinguish internalization from exposure of the thin-ideal (Cusumano & Thompson, 2000; Heinberg et al., 1995).

Exposure and Awareness

Harrison (2000) presented a survey on media exposure, media interest, and eating disorder symptomatology to a total of 366 sixth graders, ninth graders, and twelfth graders. Her media exposure was based on weekly hours watching television and specific television programs (such as the popular sitcoms *Friends, Seinfeld*, and *Drew*

Carey Show). Magazine exposure was based on types of magazines (such as fashion, sports and activities, and news and current events). Harrison discovered that females seemed to have more interest in "body-improvement television and magazine topics" than males. Her results also revealed that media exposure was significantly predictive of anorexic symptoms in females, but only to a very small extent (R^2=.02, p<.05). She also found that interest in television programs and magazines, which tended to display thinner people, produced significant correlations with anorexia (R^2=.12, p<.001), drive for thinness (R^2=.12, p<.001), and body dissatisfaction (R^2=.02, p<.001) for females, but, again, with small quantitative values. In her discussion, Harrison recognizes the small effect sizes and emphasizes the need for examining longitudinal research on media exposure, as she believes that her "single media-exposure session" may not have fully covered the impact of media exposure on individuals with eating disorders (p. 141). In regards to her results, Harrison theorizes that people with eating disorders may seek out media images of the thin-ideal rather than being victims of exposure to it. Perhaps, women, who advocate the thin-ideal and are driven toward it, may not be responding to exposure to the thin-ideal as much as they are adopting it as true for themselves, or internalizing it.

Rand and Wright (2000) asked children, adolescents, young adults, and middle-age adults to choose an ideal female and male body size from a series of human-figure drawings. The authors discovered a significant difference only in regards to the young adult drawings, in that the young adult age group tended to prefer a thinner female body size in comparison with an ideal male body size. The adolescents, children, and middle-age adults did not choose significant differences between female and male body sizes.

These results are somewhat surprising, and the authors do not address the influence that the sketches, versus real-life photos, may have had on the results. Even so, Rand and Wright comment, "The application of similar thinness standards for both genders to people of all ages is encouraging from a health perspective. It suggests that popular wisdom asserts itself by resisting media pressures extolling disproportionately thin body sizes for females compared to males" (p. 49).

In a study analyzing the affects of exposing women to information regarding social stereotypes and benefits of physical attractiveness, Lavin and Cash (2001) discovered that "women are not uniformly susceptible to [the effects of media exposure]" (p. 55). In their study, 77 female undergraduates were randomly assigned to either listen to an audio tape about appearance biases and discrimination (the appearance condition) or a tape on television violence and human aggression (the control condition), both of which are meant to induce, and therefore control for, an emotional reaction. After listening to the tapes, the participants completed questionnaires, which measured current body-images, mood states, core assumptions regarding the importance and influence of one's appearance, dysfunctional investment in appearance, and comprehension of the tape's content. The results indicate that, after being exposed to the tapes, women in the Appearance condition reported a more negative body-image than women in the Control condition (F (1,64)=8.34, $p<.01$). However, upon further analysis, the results suggest that only those women in the Appearance condition who were highly "invested" in their appearance had significantly lower body-image states than women in the Control condition (p. 55). Lavin and Cash conclude that "having certain assumptions or schemas about the importance and influences of one's appearance potentiates a negative impact of

information about appearance stereotyping and discrimination. . . These women are more psychologically invested in their looks" (p. 55).

Cusumano and Thompson (2000) researched internalization as a specific factor in body image and the thin ideal. In their study, they developed a new measurement to explore different dimensions of media influence on body image, named the *Multidimensional Media Influence Scale* (MMIS). The items on this scale are divided into five subscales:

> 1) *awareness* of media's promotion of thin ideal, 2) *internalization* of or adoption of media's publicized ideals as personal standards of attractiveness, 3) *importance* assigned to media as a valuable source of information about attractiveness, 4) tendency to *compare* one's body to images promoted in the media, and 5) perception of *pressure from the media* to emulate the look promoted in the media, and actors (p. 39, italics added).

The authors surveyed 295 children (75 boys, 107 girls), ages 8-11, and ran a factor analysis. The results indicated a three-factor model for the MMIS, retaining awareness (subscale 1), media pressure (subscale 5), and internalization (subscale 2). For the girls, internalization was a significant predictor of body dissatisfaction after awareness was entered into a multiple regression analysis ($\underline{F}_A(1, 107)=4.10$, $p<.0001$; $\underline{F}_I(2,107)=11.60$, $p<.0001$). The authors hypothesized that the other two subscales, which were not retained in the analysis, were either unrelated to body dissatisfaction or subsumed under the three other significant subscales because the variables were too closely intertwined. Cusumano and Thompson (2000) state that their results lend to the importance of

internalization, even in children, and exemplify the role of multiple factors, specifically awareness, internalization, and media pressure, in body dissatisfaction.

The Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ)

Heinberg et al.'s (1995) research also supports the theory that "an internalization of societal pressures regarding appearance may be a key feature of body dissatisfaction and eating disturbance" (p. 87). In their study, the authors developed the *Sociocultural Attitudes Towards Appearance Questionnaire* (SATAQ) in an effort to measure the sociocultural influence on body image, specifically awareness and internalization. The original questionnaire contained 44 items generated by the authors and graduate students interested in eating disorders and body image. Each item was to be answered using a 5-point Likert scale. To test the instrument, the authors conducted three studies. The first surveyed female undergraduates with the original 44 items from the questionnaire. The results of the first study led to discarding several items, leaving 14 valid items, each of which loaded on one of two factors: Awareness or Internalization. The second study cross-validated the new questionnaire, and the third study tested the convergence between the newly developed SATAQ and existing measures of body image disturbance and eating dysfunction, using a different set of female undergraduates as participants. As predicted, the researchers discovered that internalization accounted for 64% of the unique variance in body image disturbance and eating dysfunctions beyond one's awareness (11% of unique variance) of cultural influence, one's body mass, and level of self-esteem.

Other than briefly stating that internalization is an endorsement or acceptance of the media message regarding the thin-ideal, Heinberg et al. (1995) did not conceptualize the term in their article. However, the items of the SATAQ may aid in clarifying the

difference between simple awareness versus internalization. The items loading on Awareness appear to measure one's perception of societal standards of physical beauty (such as "Attractiveness is very important if you want to get ahead in our culture" and "People think that the thinner you are, the better you look in clothes"), whereas the items loading on Internalization apply to beliefs about one's self in relation to those standards (such as "I would like to look like the models in the magazines" and "Music videos that show thin women make me wish that I were thin") (p. 87-8). In this, internalization likely involves a shift from recognition of a thin-ideal to internal cognitions and expectations regarding one's identity within the cultural standards.

Smolak et al. (2001) used the SATAQ in their study of sociocultural influences regarding female and male body image attitudes with middle school aged children. In this article, the authors define the Internalization scale as tapping into "adoption of the ideal" (p. 218). Their results reveal that body mass index accounts for 7% of the unique variance in individuals using weight control techniques, and that once awareness and internalization were added to the multiple regression analysis, the adjusted R^2 rose from .07 to .48 ($F(3,148)=47.68$, $p<.0001$). Further, internalization correlated highly with weight control techniques ($r=.62$, $p\leq.001$, two-tailed). As such, Smolak et al.'s research appears to suggest the notion that the thin-ideal can influence school-aged children to lose weight.

Griffiths et al. (1999) specifically analyzed the differences between the Awareness and Internalization factors on the SATAQ among individuals diagnosed with anorexia (n=32), bulimia (n=32), eating disorder not otherwise specified (EDNOS) (n=21), and nondieting disordered controls (n=30). The females diagnosed with an

eating disorder were surveyed as they were admitted to one of two eating disorder units in Australia, and the control group was gathered from a university, high school, hospital staff, and nondieting disordered friends of patients in Australia. The authors found that bulimic and EDNOS patients endorsed higher scores on the Awareness subscale of the SATAQ than the anorexic patients and controls. The authors write that "the findings suggest that both bulimic and EDNOS patients are more aware of the sociocultural standards set by society than either anorexic patients or nondieting disordered control subjects" (p. 199). They hypothesize that the difference was not found between anorexics and controls because either the Awareness subscale is not specific enough to sort through appearance related to social pressure regarding thinness, or the anorexic patients may have been "attempting to appear less aware of stereotyped images," possibly to prove that they are not ill upon their arrival to the eating disorder unit (p. 199). Further, although significant, the actual values of the means for awareness do not differ substantially ($\underline{M}_{bulimic}$=22.9, SD=3.8; $\underline{M}_{EDNOS}$=22.8, SD=4.7; $\underline{M}_{anorexic}$=20.8, SD=4.9; $\underline{M}_{control}$=18.1, SD=3.9). However, in regards to internalization, all eating disordered patients differed significantly from the control group on the Internalization subscale of the SATAQ ($\underline{M}_{bulimic}$=32.1, SD=6.6; $\underline{M}_{EDNOS}$=32.1, SD=6.3; $\underline{M}_{anorexic}$=29.4, SD=6.7; $\underline{M}_{control}$=24.1, SD=6.0). Griffith et al. report that their findings provide evidence that eating disordered patients likely internalize sociocultural attitudes toward appearance more than individuals free of eating pathology, and the authors believe their research affirms that the SATAQ differentiates between individuals with and without eating disorders. Griffith et al. write, "dieting disordered patients are not just influenced by media messages but they internalize and accept them" (p. 199).

Stormer and Thompson (1996) surveyed female undergraduates and discovered that internalizing the thin-ideal, versus "simple awareness" contributed to a greater potential of body image dissatisfaction (p. 200). In attempting to research sources of body image disturbance, Stormer and Thompson surveyed 162 female undergraduates using various measures, which covered topics such as self-esteem, one's tendency to compare one's body with others, age of menarche, body satisfaction, eating disorder pathology, and the SATAQ. Their results revealed that in many instances internalization was a significant predictor of body image anxiety (R^2=.02), low appearance evaluation (R^2=.10), cognitive disturbance (R^2=.02), low composite body images (R^2=.02), and eating disturbance (R^2=.06), while awareness of cultural attitudes was not found significant in these areas. Yet, the authors failed to acknowledge that these correlations are surprisingly low. In fact, they conclude:

> the internalization component of sociocultural attitudes appears to contribute to a much greater degree than simple awareness of social pressures to be thin and beautiful. Thus this acceptance of media messages may be more damaging than the simple recognition of prevailing social influences (p. 200).

Perhaps Stormer and Thompson's results suggest the possibility that internalization, over awareness, does affect one's body image and eating behavior, but various other factors also are likely to contribute to body dissatisfaction.

Internalization: A Central Factor

Current studies provide support for the correlation between internalization and eating disorders, as many conclude that internalization leads to an "increase in body

dissatisfaction, which promotes dieting and negative affect, and ultimately may lead to bulimic pathology," and internalization could be a "risk factor" for bulimia because it is the leading factor in the above chain of events (Stice et al., 2000, p. 215; Cash, 1994; Stice et al., 1994). Studies report that internalization is an important factor in understanding that some individuals have an internal belief that being thin will be the forerunner to positive traits and assets (Cash & Szymanski, 1995; Irving et al., 1998; Springer, Winzelberg, Perkins, & Taylor, 1999; Stice et al., 2000). Specifically, authors are finding that cognitive beliefs, emotional experiences, and investment in body image are different facets of body dissatisfaction (Cash, 1994; Cash & Szymanski, 1995; Irving et al., 1998; Springer et al., 1999). For example, Cash (1994) conducted a factor analysis on 11 different body-image questionnaires completed by 279 female undergraduates. His analysis resulted in two factors: Evaluation/affect and Investment. The first factor included appearance evaluation (r=-.92), body-area satisfaction (r=-.87), positive (r=-.80) and negative (r=.77) body-image thoughts, situational body-image dysphoria (r=.75), self-ideal discrepancies (r=.72), and self-classified weight (r=.63). The investment factor included appearance orientation (r=.83), importance of physical ideals (r=.78), appearance schemas (r=.71), and overweight preoccupation (r=.55). Cash concludes that disordered body-image is not a one-dimensional construct, as it likely involves not only evaluation of one's body but also cognitive, investment-driven processing to produce negative emotions and body dissatisfaction. His research supports that the appraisal of one's body must be processed internally to produce disordered consequences.

Irving et al.'s (1998) study on prevention of eating disorders, which will be discussed in further detail later in this paper, revealed that internalization was

significantly correlated with body dissatisfaction (r=.54), anxiety about weight-related appearance (r=.61), awareness of the thin standard (r=.46), desire to look like a media image (r=.81), positive expectancies associated with being thin (r=.61), and negative affect (r=.49) in 41 high school girls. Although these correlations are somewhat low, the authors argue that significant results with a small sample size (n=41) would be more pronounced if a larger sample was used. Congruent with Cash's (1994) investment-driven concept, Irving et al. conclude that internalization appears to be associated with beliefs that being thin will bring popularity and other rewards, which reflect the process of outside influences being transformed into internal beliefs.

In studying the internal perceptions of body image, Cash and Szymanski (1995) found that one's investment in personal ideals was positively correlated with perfectionism and self-focus in social environments. For their research design, the authors use the self-discrepancy theory, which holds that the further one perceives their actual self from their internalized, ideal self, the greater the potential for psychological distress (Higgens, 1987). Cash and Szymanski contend that the more one places importance on ideal physical attributes for oneself, the greater the possibility for body dissatisfaction when their actual self is incongruent with their ideal. The authors support the notion that believing one has failed at achieving personal, physical standards, especially when the standards are highly valued and cognitively embraced (or internalized), may negatively affect one's body image and potentially lead to dysfunctional eating patterns, psychological distress, and contradictory expectations for one's self.

Although Wiederman and Pryor (2000) do not use the word, "internalization" in their article, they appear to use a similar construct, as they conclude that drive for thinness may be a "marker for having *incorporated* perceived social pressures on women to attain a body approximating the cultural ideal" (p. 94, italics added). Wiederman and Pryor investigated the relationships between body dissatisfaction and depression, bulimia, and drive for thinness. They discovered that drive for thinness was a significant predictor of body dissatisfaction after depression and bulimia variables were held constant for college females (Beta=.66, $p<.001$). The authors define drive for thinness as a "preoccupation with dieting and weight (and/or) fear of weight gain" (p. 94). Wiederman and Pryor theorize that certain individuals may incorporate the culture's thin-ideal and regard being thin as ideal female beauty. Simply believing this standard may increase one's desire to be thin, which, if one fears they are not thin enough, may lead to feelings of depression and the use of binging and purging as a desperate weight control technique. Wiederman and Pryor conclude that the variable "drive for thinness," including the incorporation of cultural beliefs, is an important "mediating variable" in the relationship between body dissatisfaction and dysfunctional eating patterns (p. 94).

Internalization in Theory

Few of the authors from the previous studies spent much time explaining what the process of internalization may entail; however, other psychological and sociological theories may help enhance our understanding of how some individuals internalize the thin-ideal. First, developmental and psychodynamic theories may supply a foundation for understanding internalization in individuals. Second, the sociocultural theory may

help explain how the media and societal aspects influence a person's tendency to internalize the thin-ideal.

Developmental/Psychodynamic Theory

Theoretically, internalization is an important and primary part of one's psychological development, and the term is often used in psychodynamic and developmental theories. Author and object-relations therapist, Michael St. Clair (2000), defines internalization as "a mental process by which an individual transforms regulatory interactions and characteristics of the environment into inner regulations and characteristics" (p. 13). In his book, *Object Relations Therapy: Using the Relationship*, Cashdan (1988) relates that the self is a compilation of internalized relationships. Early interactions with the primary caregiver are internalized, or taken-in and assimilated, and these assimilations are transformed into a sense of being, or self. St. Clair also notes that internalizations change and mature. For example, as one internalizes both ideal and critical values, hopefully he or she will mature in adolescence when "youthful idealism and illusions are modified as reasonable goals" (p. 109). Other theorists believe that not only are human-to-human relationships taken in, or internalized, but moods and perceptions of the world can also be assimilated into one's core make-up (Cashdan, 1998). For example, theorist, Otto Kernberg, explained that interactions from the environment are transformed into an integral part of the self (Cashdan, 1988; St. Clair, 2000). Moreover, internalization involves society and culture. Cashdan references sociologist George Herbert Mead as theorizing:

> The individual self is the mechanism by which society becomes incorporated into the human psyche. Because the self is constructed out of relationships with others

> and therefore involves the internalization of societal codes and conventions, it can be considered a miniature society within the individual. Just as the broader society guides the operation of its institutions, so the inner miniature society guides the behavior of the individual (p. 49).

Cashdan mentions that Mead divides the self into an "I" and "Me," where the "Me" represents the society which is symbolically "embedded" in each individual and the "I" represents the active part of the self (p. 49). The "Me" then interacts with the "I" to determine behavior. Perhaps, the concept that one's self is characterized by internalizing relationships, ideals, and culture also represents the underlying development of internalization of the thin-ideal.

The Sociocultural Theory

Consequently, the sociocultural theory regarding the thin-ideal maintains that the media discloses intense messages as to what is acceptable physical beauty, and these messages convey considerable pressure for women to obtain an ultra-thin body; as a result, some women will then internalize what appears to be culturally determined body ideals and compare their own body to these perceived ideals (Cusumano & Thompson, 1997; Hepworth, 1999; Phelps, Johnston, Augustyniak, 1999; Stice, 1994; Stormer & Thompson, 1996; Tsiantas & King, 2001). Several studies, which support the sociocultural theory, have shown strong relationships between media exposure or sociocultural pressure, body dissatisfaction, and eating disorders (Stice, 1994; Stice et al., 1994; Smolak et al., 2001; Stormer & Thompson, 1996; Tsiantas & King, 2001; Wiederman & Pryor, 2000). For example, Tsiantas and King found that young females' "preference for thinness increased as self-evaluations of appearance became more

negative" (p. 153-4). In this study, the authors surveyed pairs of sisters in the areas of body-image and sociocultural awareness and internalization. Their research revealed that younger and older sisters were highly correlated on sociocultural internalization (r=.60, $p<.001$). Tsiantas and King performed a standard multiple regression analysis, using the younger sister as the dependent variable, and found that sociocultural internalization significantly predicted body size distortion (B=.45, $p<.05$), body dissatisfaction (B=.26, $p<.05$), and body shape concerns (B=1.23, $p<.001$). Sociocultural internalization also significantly predicted body dissatisfaction (B=.82, $p<.05$) and body shape concerns (B=1.52, $p<.001$) in the older sisters. The authors contributed their minimal effect size to their small sample size (n=41), which is a major limitation in their study. However, the authors note that the sisters' dissatisfaction with their body-image tended to increase with "increasing internalization of sociocultural pressures regarding appearance" (p. 153).

Stice (1994) includes the sociocultural theory in his literature review as he considers internalization to be a mediator between sociocultural pressures and Bulimia Nervosa and/or body dissatisfaction. He explains that cultural standards must be internalized, or subscribed to, by individuals in order for the standards to adversely affect one's eating behaviors. Stice believes there is enough evidence that supports the notion that, in fact, internalization mediates, or accounts for, the relationship of societal pressures and body satisfaction. "If a woman does not subscribe to these pressures, it is unlikely that they would negatively impact her eating behavior . . . Theoretically, a woman would not be dissatisfied with her body unless she had internalized some referent" (p. 649-650).

Further, some studies have shown that internalization of the thin-ideal partially mediates the effects of exposure to the media's thin-ideal and eating pathology (Stice et al., 1994; Stormer & Thompson, 1996). Stice et al.'s study involved 238 undergraduate females, who completed a questionnaire on media exposure, gender-role endorsement, internalization, body dissatisfaction, and eating pathology. Stice et al. found significant direct effects of media exposure on eating disorder symptomatology (r=.30, $p<.001$) and gender-role endorsement (r=.21, $p<.05$); however, the authors did not find a significant effect from media exposure on ideal-body stereotype internalization, nor did they find internalization to significantly predict eating disorder symptoms. They did find that gender-role endorsement significantly predicted internalization (r=.37, $p<.001$), which affected body dissatisfaction (r=.17, $p<.05$), which predicted eating disorder symptoms (r=.57, $p<.001$). Rather than calling internalization a full mediator between exposure and eating disorder symptoms, the authors consider internalization a partial mediating factor in media exposure and eating pathology, as it was found in the pathway between gender-role endorsement and body dissatisfaction. The authors conclude that internalization may not be a single, causal factor in eating disorders but is somehow related to the process of media exposure, body dissatisfaction, and other possible variables.

Co-Factors Associated with Internalization

As the aforementioned research has revealed, not every person who is exposed to the Western culture's thin-ideal internalizes it. Stice et al. (1994) write that the media exposure measure they use in their study is likely too broad to be considered a causal factor in predicting eating disorders, and, perhaps, "other socialization agents, such as

family and peers, play a larger role than the media in promoting the thin ideal" (p. 839). Although individuals are "active participants" in their reactions to the media's influence, some co-factors may contribute to the inclination for some individuals to internalize the thin-ideal (Irving et al., 1998, p. 120). In a separate article, Stice (1994) theorizes that societal pressures need to be reinforced and imitated, or learned by observation, in order to be internalized. He also found evidence which suggests that individuals may be "predisposed to develop eating disorders" (p. 636). Rosen and Ramirez (1998) found eating disorder patients had significantly higher psychological symptoms than those with Body Dsymorphic Disorder, and they discuss that perhaps "eating disorder patients are more maladjusted *premorbidly*" (p. 447, italics added).

On the other hand, Hepworth (1999) believes that psychoanalytic theory, a theory closely related to psychodynamic, may have "individualized" anorexia nervosa, so that societal explanations are now considered "influences," or "factors" (p. 53). She fears this belief may have pulled the cultural aspects of the disorder into pre-existing theories, which may limit the effect of society regarding the disorder. Yet, the author of this paper believes the following points may help support the importance of internalization of society's thin-ideal by including the possible development of and co-factors with it.

Depression

One co-factor that appears to be associated with eating disorders, body dissatisfaction, and internalization is depression, or negative affect (Cash & Szymanski, 1995; Garcia, 1998; Irving et al., 1998; Pinhas, Toner, Ali, Garfinkel, & Stuckless, 1999; Sarwer, Wadden, & Foster, 1998; Stice, 1994; Sullivan, Bulik, Fear, & Pickering, 1998; Wiederman & Pryor, 2000). One study shows that female college students report

increased feelings of anger and depression after viewing slides of models in fashion magazines versus students who viewed slides of pictures with no people ($\underline{R^2}_{anger}$=.7300, $p<.01$; $\underline{R^2}_{depression}$=0.754, $p<.05$), and these feelings are reported to a greater extent by those who endorse dysfunctional eating behaviors (Pinhas et al., 1999). Pinhas et al. suggest that women who manifest "psychological features of eating disorders (such as interpersonal distrust and feelings of ineffectiveness) are more vulnerable to these images than are others" (p. 225). In another study, Sullivan et al. performed an in-depth study of long-term morbidity of individuals with anorexia, as they interviewed 70 women diagnosed with anorexia at time of treatment and ten years following treatment. They compared the results of this group with a control group. Sullivan et al. found, among other things, a lifetime prevalence of major depression and other mood disorders common in anorexics (51.4% of the anorexic group had major depression, whereas 35.7% of the control group were diagnosed with depression). Weighing past studies, Sullivan et al. conclude that anorexia is "likely to be a heterogeneous condition, and affective illness may be etiologically related to it" (p. 944).

Stice et al. (1998) also found that females who did not endorse body dissatisfaction or dietary restraint (the control group) were significantly less likely to internalize the thin-ideal and experience depressive symptoms versus females who were diagnosed with bulimia nervosa (Internalization: $\underline{M}_{control}$=19.1, SD=7.9; $\underline{M}_{BN}$=30.4, SD=9.4; Depression: $\underline{M}_{control}$=15.7, SD=9.6; $\underline{M}_{BN}$=25.7, SD=12.6). Further, Stice et al. found that women in the control group also experienced less internalization and depressive symptoms than women who endorsed some symptoms of disordered eating but not enough to warrant a diagnosis of Bulimia Nervosa (Internalization: $\underline{M}_{subBN}$=27.8,

SD=8.1; Depression: $\underline{M}_{subBN}$=20.9, SD=11.5). Stice et al. conclude that their research supports a hypothesis that women with bulimia are at the extreme end of a continuum of eating pathology and weight concern. They explain that both weight concern and psychopathology (such as depression) appear to affect body dissatisfaction and eating behaviors; hence, the authors suggest that treatment and prevention needs to be concerned with both areas, and that bulimia may be predicted by affect and body dissatisfaction.

Some research supports evidence that the onset of depression and negative affect appears to precede symptoms of bulimia nervosa and body dissatisfaction (Keel, Mitchell, Davis, & Crow, 2001; Kendler et al., 1991; Pinhas et al., 1999). Kendler et al. interviewed 1,176 pairs of twins gathered from the Virginia Twin Registry, on the areas of prevalence of Bulimia Nervosa (BN), comorbidity of other psychiatric disorders, demographics, personality, and child rearing environments. Kendler et al. discovered that 32 individuals were diagnosed with BN, 28 probably had the disorder, and 63 individuals had symptoms of BN. From those 123 individuals, 51.2% (N=63) had a diagnosis of depression sometime within their lifetime. The authors then queried the age of onset for BN and major depression, finding that 45 of the 63 individuals reported experiencing depression *prior* to BN, and 7 reported an onset of both disorders at the same time ($\underline{\chi}^2$=20.6, df=1, p=0.000).

Keel et al. (2001) surveyed 101 females diagnosed with bulimia nervosa in an effort to compare the roles of depression and bulimic symptoms on body dissatisfaction. The authors reveal that depression significantly predicted 16% of the variance in body dissatisfaction, independent of bulimic symptoms. Further, depression predicted body

dissatisfaction but body dissatisfaction did not predict depression, suggesting that "vulnerability to develop BN (bulimia nervosa) could be conferred through an increased tendency to experience dissatisfaction with body shape or weight as a *result* of negative affect" (p. 54). Keel et al. continue to explain that if two adolescents are experiencing depression, but one girl also experiences body dissatisfaction because of her depressed mood, she is more likely to develop an eating disorder.

On the other hand, other researchers have concluded that internalization precedes depression (Cash, 1994; Graber & Brooks-Gunn, 2001; Wiederman & Pryor, 2000). In an aforementioned study, Wiederman and Pryor reveal that drive for thinness (which they relate to incorporating social pressure) was a unique predictor of body dissatisfaction beyond bulimia and depression for both clinical and non-clinical females. Cash's research also suggests that investment in one's appearance (also related to internalization) augments negative affect. He theorizes that as one's investment in body-image increases, they have the potential to become dissatisfied and feel greater levels of negative feelings. Graber and Brooks-Gunn found that depression can also follow disordered eating patterns. They conducted a longitudinal study, following 105 females from early adolescence through young adulthood. Their results indicate that the girls who reported eating problems and depressive symptoms in adolescence tended to continue having these problems in young adulthood (B=3.09, odds ratio=22.00), and adolescents with eating problems tended to experience both eating problems and depression (B=2.48, odds ratio=11.99). However, depressive symptoms in adolescence was not predictive of eating problems in young adulthood. Graber and Brooks-Gunn conclude, "The strain of coping with an eating problem by both the adolescent and her support system may result in

withdrawal, isolation, and increased symptomatology of depression" (p. 44). These three studies seem to provide evidence supporting the notion that depression is not a precursor to dysfunctional eating patterns but may be a result of internalizing the thin-ideal and feeling as though they have failed to meet the standard.

Personality Traits

Some researchers believe depression and eating disorders may not be direct results of one or the other, but have common personality roots (Stice, 1994; Sullivan et al., 1998), and several researchers have hypothesized that personality traits may be involved in the development of internalization (Gaul et al., 2002; Meyer, Leung, Feary, & Mann, 2001; Stice et al., 1994; Cash & Szymanski, 1995). For example, Sullivan et al. state that their findings of long-term depression with anorexia may mean the two are "etiologically related . . . with both conditions resulting from common genetic or environmental causes" (p. 944). Meyer et al. reveal that symptoms associated with borderline personality disorder, measured by the *Borderline Syndrome Index* (BSI) significantly predicted bulimic symptoms, measured by the *Bulimic Investigatory Test, Edinburgh* (BITE), in 61 undergraduate females in England ($F=19.7$; $p<.001$; explained variance=24.0%). After completing a stepwise multiple regression, the researchers found that borderline symptoms was a perfect mediator between beliefs of defectiveness/shame and BITE scores. The authors conclude that their results support that feelings of shame and a belief that "one's character is irrevocably flawed" are probable "characteristics" of individuals with bulimic symptoms (p. 438). Meyer et al. note that further research is needed with a clinical sample, as those with diagnosed bulimia is likely small in their

sample, and they cite the need to determine what aspects of borderline symptoms such as emotional instability or fear of abandonment are associated with eating disorders.

The personality trait of perfectionism may play a specific role in body image (Gaul et al., 2002; Cash & Szymanski, 1995; Sullivan et al., 1998). In Cash and Syzmanski's study, which was mentioned earlier, they found that the level of importance that females place on their body-image is significantly correlated with the personality trait of perfectionism ($r=.29$, $p<.001$). It should be noted that this correlation is relatively low, which may tap into the theory that body-image is a multi-faceted construct. Cash and Szymanski conclude, nonetheless, that having a high need for perfection likely increases the individual's physical, self-expectations.

In their longitudinal study, Sullivan et al. (1998) found that anorexics scored significantly higher on the *Eating Disorders Inventory* combined with the *Three-Factor Eating Questionnaire* in perfectionism, drive for thinness, and cognitive restraint than a comparison (non-eating disorder) group (Perfectionism: $\underline{M}_{AN}=6.7$, $SD=4.7$, $\underline{M}_{control}=3.4$, $SD=3.3$; Drive for Thinness: $\underline{M}_{AN}=6.2$, $SD=6.4$, $\underline{M}_{control}=3.1$, $SD=4.2$, Cognitive Restraint: $\underline{M}_{AN}=11.7$, $SD=5.7$, $\underline{M}_{control}=5.5$, $SD=-4.8$). Further, they discovered that those who have a history of anorexia scored high on perfectionism even when they were currently not suffering from anorexic symptoms, suggesting that perfectionism may be considered a personality trait and possibly play a "causal role" in anorexia (p. 944).

In a study in Spain, Gaul et al. (2002) surveyed 2,862 females between the ages of 12 and 21 years old. The authors discovered a significant correlation between the *Eating Attitudes Test* (EAT-40) and the Neuroticism subscale on the *Eysenck Personality Inventory* ($\underline{r}=+0.31$, $p<.0001$). The neuroticism scale is related to perfectionism and

personality in the Eysenck model, and it relates to "high vulnerability when coping with stress, due to emotional instability and hypersensitivity" (p. 262; Eysenck & Eysenck, 1964). Specifically, Gaul et al. found that higher levels of neuroticism were associated with DSM-IV criteria for eating disorders. After further analysis, the researchers divided the girls into different quartiles based upon their scores and found that "the girls that scored highest in the neuroticism scale and lowest in self-esteem had a prevalence of ED (eating disorder) 14 times higher than those who scored in the lowest quartile of neuroticism and in the highest of self-esteem" (Gaul et al., 2002, p. 267-8). In their conclusion, the authors write that they believe their results support a "positive feedback mechanism," in that "high levels of neuroticism and low levels of self-esteem may be simultaneously causes and consequences of eating disorders," (p. 272).

Self-Esteem

As Gaul et al. (2002) reveal, another factor often associated with eating disorders is low self-esteem (Cusumano & Thompson, 1997; Fryer, Waller, & Kroese, 1997; Rosen & Ramirez, 1998; Sarwer et al., 1998; Stice, 1994; Stice et al., 1994; Tiggeman, 2000). Stice notes, "people with low self-esteem may be more likely to subscribe to culturally prescribed ideals in an effort to gain social acceptance and heightened esteem," supporting the contention that self-esteem may precede one's potential to internalize the thin-ideal (p. 649).

Specifically, several studies have illuminated self-esteem with body dissatisfaction and eating pathology (Fryer et al., 1997; Garcia, 1998; Harris, 1995; Tiggeman, 2000). Tiggeman studied the effects of different situations and personality variables on body image by having students rate their self-esteem and body esteem (how

one feels about their body) before and after imagining themselves in different scenarios. The students read four different scenarios and were instructed to attempt to picture themselves in the situation and reflect on how they were thinking and feeling. The four scenarios consisted of variations in body-focus and social focus and were of a beach, a dressing room, eating lunch with a close friend, and at home getting ready to go to the university. Tiggeman's results indicate that situation had a significant main effect on body esteem and self-esteem ($F(1,29)=12.88$, $p<.001$), specifically, negative feelings increased with more body-focused situations (such as a beach). Tiggeman does not address internalization directly, but, perhaps, her research is tapping into the part of internalization that emphasizes the level of awareness and standards one has for one's body.

Garcia (1998) studied the effects of anxiety regarding appearance on mood and self-esteem in 86 females and 56 males. Her findings revealed that as a female felt increasingly anxious about her physical appearance, her level of general anxiety rose ($r=.72$, $p<.0001$), and her self-esteem dropped ($r=-.59$, $p<.0001$). Moreover, those women who were anxious about their appearance also did not feel that they were physically attractive ($r=-.72$, $p<.001$). Garcia concludes that "the individual's perceptions of [her] material self are related to overall self-evaluation and self-liking" (p. 316).

Fryer et al. (1997) reveal that low self-esteem was an imperfect mediator between stress and disturbed eating patterns. The authors performed a multiple regression and path analysis on questionnaire results from 286 adolescent females. They discovered

significant correlations between stress and low self-esteem ($r=.44$, $p<.05$*), low self-esteem and disturbed eating attitudes ($r=.49$, $p<.05$), and stressors and disturbed eating attitudes ($r=.25$, $p<.05$). This data indicates that low self-esteem is an imperfect mediator between stressors and disturbed eating attitudes. Further, Fryer et al. (1997) conclude that self-esteem, as an imperfect mediator, suggests the possibility of multiple mediating factors in eating disturbance.

In a study researching sociocultural contribution to body-image in African American females, Harris (1995) surveyed 90 African-American students on measures of body attitude, body satisfaction, sociocultural identity and esteem, and self and family demographics. Her social self-esteem factor was measured using the *Texas Social Behavior Inventory*, which taps into "self-confidence, social dominance, and social competence" (p. 135). In other words, Harris' use of self-esteem is primarily focused on one's esteem in social situations. Harris found that "socially self-confident and competent women evaluated their physical appearance more favorable, considered their physical health to be more important, and engaged in more health-enhancing behaviors than less socially confident women" ($r=.35$, $p<.01$) (p. 138). Again, this correlation represents a low level of relationship, implying a multifaceted contribution to self-esteem and physical health. In her discussion, Harris considers the possible reasons for the relationship of high self- and social-confidence and health. She writes:

> Because socially competent woman may be able to gauge the appropriateness of certain behaviors within a given context, the recent social emphasis on health and fitness may contribute to a personal investment in physical health. Likewise,

* Actual significance level not given but the article's data states, "only statistically significant pathways are shown" (Fryer et al., 1997, p. 433).

> increased awareness of the importance of observable qualities to others may promote more investment in appearance (p. 141).

It is interesting to note that Harris refers to investment in health, rather than investment in ideals, possibly relating her results to a more mature and realistic internalization.

Mendelson, McLaren, Gauvin, and Steiger (2002) approached the concept of self-esteem, body esteem, and eating disorders from a different angle, incorporating body attribution in their study. They define body attribution as tapping into the "importance of other people's opinions of their appearance," which may be similar to internalization, in that they are ascribing to societal pressures (p. 322). The authors compared 284 university, female students with 74 clinically diagnosed females with eating disorders on self-esteem, body esteem, and body attribution. As expected, the eating disorder group had significantly lower levels of self-esteem and body esteem than the control group. However, the researchers also discovered that the self-esteem of the eating disorders group rose if they endorsed positive body esteem attribution such as endorsing items that state "Other people consider me good looking" and "I think my appearance would help me get a job" (Beta=.503, $p<.001$) (p. 321). The control group did not have a significant correlation between self-esteem and body attribution. Mendelson et al. believe their results suggest that individuals with eating disorders may be dependent on the social attribution that they believe others place on their body, making them "highly externally oriented and socially sensitive" (p. 322).

Relationships and Attachment

Another possible co-factor in internalizing the thin-ideal is a lack of attachment, or connection, with others; in that, if one does not internalize healthy relationships with

other people, they may internalize other unhealthy entities such as the thin-ideal (Garcia, 1998; Mead, 1934 in Cashdan, 1988). Lee and Robbins (1998) conducted a study on social connectedness, anxiety, self-esteem, and identity. One hundred and eighty five undergraduate females completed the *Social Connectedness Scale*, the *Social Support Questionnaire-Short Form*, the *Collective Self-Esteem Scale*, and the *State-Trait Anxiety Inventory-Trait Form Y*. According to the authors, the *Social Connectedness Scale* measures the level of perceived interpersonal closeness and level of comfort in maintaining the closeness between oneself and one's social network. The *State-Trait Anxiety Inventory* measures one's past experience of anxiety and present potential to feel anxious. Lee and Robbins discovered that women with low levels of connection with others were more prone to anxiety ($r=-.63$, $p<.001$) and experienced lower levels of social support ($r=.31$, $p<.001$) and self-esteem ($r=.55$, $p<.001$). In fact, the authors comment that people with high connectedness will seek out relationships, while women with lower levels of connection feel strong needs of belonging but usually retreat from opportunities to connect. Further, maintaining little connection usually means the individual is less effective in "managing their needs and feelings and is more prone to low self-esteem, anxiety, and depression" (p. 338). Although this study does not directly deal with eating disorders and internalization of the thin-ideal, their results coincide with some of the previous research on the relationship of low self-esteem, depression, and anxiety with eating pathology and internalization.

Social Relationships. Relationships with peers and significant others likely influence one's attitudes toward dysfunctional eating behaviors and body image (Stice, 1994; Stice et al., 1999; Wonderlich, 1992). For example, in his literature review, Stice

maintains that individuals with eating disorders often learned their dysfunctional behavior through peers. In the previously mentioned study on perception of physical attractiveness, Garcia (1998) notes that some people, who are already anxious about their appearance, may internalize other's perceptions of them and incorporate these internalizations with pre-existing self-perceptions, leading to a failure in differentiating other's views of themselves and their own. This sounds similar to the psychodynamic theory, in that one internalizes experiences of others as a way to form one's sense of self; yet, the internalization for physical appearance has been distorted via prior internalizations of others' expectations (Cashdan, 1988).

In Graber and Brooks-Gunn's (2001) study, they found that the girls who had both depressive and eating disorder symptoms and just depressive symptoms had rated poor peer relations; yet, girls with only eating disorder symptoms did not report distressed peer relations. The authors suggest that girls who experience depression may have fewer support systems to help them cope with their problems, which may account for dysfunctional eating patterns. Graber and Brooks-Gunn also mention that "girls with eating problems who also experience poor social relations, and therefore have fewer social supports, may be the girls who go on to develop depression" (p. 45) (for further details on this study, see *Depression* section).

Family of Origin/Maternal Relationship. Another important aspect to psychodynamic theory is the presence of the primary caregivers, usually the mother (Cashdan, 1988; St. Clair, 2000; Wonderlich, 1992). There is clear evidence that families, especially mothers, of eating-disordered children appear to allocate more attention to their children's weight and physical appearance, and individuals with eating

disorders often report feeling more pressure to be thin from their family and friends (MacBrayer, Smith, McCarthy, Demos, & Simmons, 2001; Stice, 1994; Stice et al., 1999). An important study on development of early internalizations is Stice et al.'s research on eating behaviors in early-aged children and their mothers. The authors recruited parents of 216 newborns in three different hospitals in San Francisco, California. They followed the mothers' and children's weight, the maternal eating behaviors (evaluated by the mothers completing the *Three-Factor Eating Questionnaire*), mothers' eating pathology (assessed by the *Eating Disorder Inventory*), and the child's eating behaviors (assessed by mothers completing a questionnaire on eating habits and likes/dislikes) once a year, over the span of the first five years of the child's life. Stice et al. found that mothers, who had higher levels of maternal restraint, drive for thinness, and body dissatisfaction often had children who developed overeating or secretive eating patterns during these early years of life. The authors speculate that if a mother attempts to inhibit herself from eating but, as a result, she overeats, their children may learn to view eating as something that should be done secretly. Also, Stice et al. mention that when a mother is dissatisfied with her body, her children may become concerned about their weight and develop poor eating strategies in an effort to cope with their weight. Stice et al. argue that the mothers, who endorse the thin-ideal, may place more significance on physical appearance and believe one needs to be thin to be accepted. This endorsement likely promotes "their children's internalization of these same goals, which may lead to reduced eating in the children and consequent increased risk of overeating" (p. 384).

Woodside et al. (2002) examined personality, temperament, psychological functioning, and eating-related pathology in parents of anorexic daughters and non-eating disorder controls. Their results revealed that mothers of daughters with anorexia had higher levels of perfectionism and some eating-disordered attitudes and behaviors versus the control group. Specifically, mothers of children with anorexia had significantly elevated scores on the *Eating Disorders Inventory* (EDI) Drive for Thinness ($F(1,355)=9.38$, $p<.003$), Ineffectiveness ($F(1,355)=4.39$, $p<.04$), and Interoceptive Awareness ($F(1,355)=4.92$, $p<.03$) subscales, but the authors note that it is difficult to tell if these scores represent traits that occur before or after their daughters' illness emerges.

MacBrayer et al. (2001) developed a Family History Inventory (FHI), which measures how family-of-origin influences expectations of eating behavior and attitudes. They developed the FHI by validating it to the Bulimia Test-Revised (BULIT-R), the Eating Expectancy Inventory, and the Thinness and Restricting Expectancy Inventory with 169 undergraduate students. After retaining 93 of the FHI items, the authors surveyed 662 young girls ranging from sixth to eighth grade. First, MacBrayer et al. discovered that family teasing, peer teasing, and negative modeling of eating by the mother (such as her mood improving by eating, or modeling binging) were significantly correlated with the BULIT-R. Then, using statistical tests of mediation, the researchers revealed that

> First, adolescents who perceive their mothers as snacking and binging, and who perceive their mothers' mood to improve from eating, tend to form expectancies that eating helps alleviate negative affect and boredom, that eating leads to feeling out of control, and that *their lives would be greatly improved if they were thin*.

> Adolescents who form such expectancies have higher rates of bulimic symptoms. . . (Second), adolescent girls who are teased about their weight by family members and peers tend to form expectancies that eating will alleviate negative affect and boredom and lead to feeling out of control. At the same time, *they expect an unrealistic, overgeneralized life improvement from thinness*. These girls also report more bulimic symptoms (p. 159, italics added).

Although MacBrayer et al. do not reference internalization, perhaps the girls are internalizing an unrealistic expectation that being thin will improve one's life. MacBrayer et al. admit that their study has its limitations and a longitudinal study is needed to assess whether or not expectancies of eating are causal factors in shaping eating pathology.

On a more positive note, Hahn-Smith and Smith (2001) reveal that their research may demonstrate that mothers can have a positive influence on their daughter's eating attitudes and body image, regardless of the mother's view of her own body and eating pattern. The two authors found surprising results in their study on maternal identification, self-esteem, and eating pathology. After surveying 92 mother-daughter pairs, their results reveal that when the girls did *not* have close relationships with their mother, they shared similar levels of body dissatisfaction with their mothers. On the contrary, they found that the more a daughter identified with her mother, the higher her self-esteem and lower her eating problems, and this pattern remained even when the mothers had higher levels of body dissatisfaction. Hahn-Smith and Smith hypothesize that their research supports the possibility that "girls, who aspire to be like their mothers, (feel) better about themselves and their bodies," which may "reflect a better mother-

daughter relationship. . .greater closeness, more time spent together, a greater expression of feelings, . . . higher perceived maternal caring . . . and a secure attachment style" (p. 437).

A Blend of Co-Factors

Perhaps the most telling research in regards to the actual process of internalization and its associated co-factors is a qualitative study completed by Thomsen et al. (2001). Using qualitative research, the authors conducted in-depth, semi-structured interviews with 28 outpatient women between the ages of 18 and 43 (18 of which were between 18 and 25), who were being treated for anorexia nervosa. Their aim was to delineate themes of how women use the media to develop and possibly continue eating-disordered thinking and behavior.

First, most women reported "heavy media use," which was often related to "addictive behaviors" (Thomsen et al., 2001, p. 53). Even in treatment, many of the participants talk about their continued struggle with the media messages. They describe themselves as fighting an addiction and/or obsession of spending excessive time reading and looking at fashion magazines. Thomsen et al. noted that, during recovery, many of the women seem to develop a "hatred for particular magazines. . . in order to break the influence of the publications on them," and "they must . . . expend quite a bit of energy to avoid being drawn back in" (p. 59).

Second, many women spoke about "taking control," specifically because they were often the "parentified child in the family" (Thomsen et al., 2001, p. 53). The authors explain that "parentified" refers to a child taking on the role of a parent for other siblings, protecting mothers from abusive spouses, or feeling that no one else in the

family was responsible or in control. If a child is parentified, they are attempting to become more mature than their expected level of development, leading to a "pseudomaturity" (p. 53). This maturity would then lead many to believe that they could be the solution to the problems in their families, placing incredibly high expectations on themselves to be perfect in order for their problems to simply disappear. At this point, many of the girls turned to beauty and fashion magazines, which would not only "play on a woman's anxieties and fears" but also "become the how-to manual used . . . in their desperate attempt to obtain an elusive and impossible standard of physical thinness" (p. 54). Some women commented that the magazines supported feelings of maturity, as they would obtain information "about how to perform adult roles and responsibilities that was not available from their families" (p. 57). The participants also referred to high levels of intelligence, drives for achievement, and perfectionism, which seemed to lead to high expectations for themselves and possibly others around them.

Another theme for the women was social comparison, as many of them would compare their bodies to the bodies of the models in the magazines. However, Thomsen et al. (2001) found that comparing one's body to others often began as early as elementary school and gradually, with age, moved from friends and family to fashion models. In fact, as they developed anorexia, many of the girls would consider themselves in actual competition with the models in magazines, and even with other anorexics. For example, one interviewee explained that she would read articles about anorexics, specifically noting the featured anorexic's weight, and conclude that she could weigh less than the girl featured in the magazine. Many of the women also cut out pictures of the

models and kept them neatly organized in folders or pinned on the bedroom walls or refrigerators.

A fourth factor that played into internalization, for several of the women, was creating contradictions in the messages (Thomsen et al., 2001). Some women would read articles about eating disorders in order to learn new techniques for losing weight. Many of the women would also recognize that the pictures of models and celebrities displayed women who were successful and famous, so they would often consider these models as motivation to be extremely thin. They used this perception of success to counteract the reality of having a psychological disorder, and often found the media messages "comforting" and encouraging to them in their pursuit toward the thin-ideal (p. 58).

Thomsen et al. (2001) conclude that their research supports the understanding that many anorexics seem to internalize the thin-ideal from women's beauty and fashion magazines as a way to fulfill "needs" that are present as a result of personality and familial and emotional factors (p. 60). The messages from the media are used to reinforce distorted beliefs, help obtain goal-directed activities, and counteract comments and concerns from friends and family who feel they are becoming too thin. In a sense, the women interviewed seemed to become dependent upon the media messages when familial, social, and environmental support is unavailable or insufficient. Moreover, the impact of the media appears to have its greatest affect after individuals have begun eating-disordered behaviors, possibly because the young women turn to the media for "support and reinforcement" (p. 61). This probability is also supported by the previous study from Lavin and Cash (2001) who comment that "frequently encountering images of seemingly flawless models, appeals for dieting and beautification, and messages

imparting that 'looks are everything' may recurrently activate schema-driven processes and thereby worsen body-image attitudes and affect" (p. 56).

Treatment of Internalization

After studying the effects of exposure, internalization, and body dissatisfaction on eating pathology, Stice et al. (1994) state that prevention programs may help decrease the tendency for young females to internalize the thin-ideal. Some research has shown that participants, who are able to critically evaluate the sociocultural, developmental, and psychological factors of body image and discover connections between their environment and disordered cognitions or behaviors, decrease their tendency to internalize the thin-ideal (Irving et al., 1998; Springer et al., 1999; Stice & Ragan, 2002). In addition, some authors have found that repairing some of the aspects of internalization such as disordered cognitions, personal beliefs, and emotional ties to the cultural ideal may relieve some feelings of body dissatisfaction (Irving et al., 1998; Phelps et al., 1999; Springer et al., 1999; Stice et al., 2000; Stice & Ragan, 2002). For example, as part of the conclusion of a general study on body dissatisfaction, Phelps et al. surveyed over 800 adolescent females and found that 57% of the variance in body dissatisfaction is related to physical self-esteem, personal competence or self-efficacy, and drive for thinness. Conjecturing from their results, the authors conclude that helping adolescents recognize positive attributes to their appearance may increase feelings of self-efficacy, reduce internalization, and "facilitate a rejection of the utopian skeletal body" (p. 106).

Irving et al. (1998) also constructed an intervention program aimed at high school females. Their media literacy program targeted appearance-related media, as they

attempted to teach high schoolers critical consumer skills in regards to the media's thin-ideal. A trained high school student led the experimental group, which viewed a 15-minute video revealing "tricks" the media used to make female bodies look flawless (p. 125). The group discussed their reactions afterward, and the leader specifically aimed the discussion at guiding and equipping the students with critical evaluation skills regarding the media's images. The results indicate that those who participated presented less internalization of the thin-ideal on the SATAQ ($\underline{M}_{experimental}$=22.08, SD=10.01; $\underline{M}_{control}$=28.38, SD=8.02; $\underline{t}$=2.20, $p<.034$) and less realism of media images on the *Media Attitudes Questionnaire* ($\underline{M}_{experimental}$=9.79, SD=3.82; $\underline{M}_{control}$=14.31, SD=4.22; $\underline{t}$=3.44, $p<.002$) than non-participants. The authors note "critical discussion regarding media images may make students more conscious and critical of how they internalize and compare themselves to these unrealistic images" (p. 128). However, Irving et al. mention that long-term effects are not likely from such a brief intervention because internalization involves years of messages from the media, family, and peers.

Springer et al. (1999) also theorized that, by processing societal thought and belief-systems and applying them to one's personal life and emotional reactions, some people may reduce their level of internalization of the thin-ideal. Springer et al. created an undergraduate course targeting several facets of body image in an effort to prevent internalization of the thin-ideal and eating pathology. The course, "Body Traps: Perspectives on Body Image," consisted of 10, 2 hours a week, sessions, focusing on structured presentations and group discussions (p. 14). Springer et al. wrote, "The course deconstructed the sociocultural, biological, historical, developmental, and psychological components of body image rather than focused on participants' personal change" (p. 17-

18). The authors, then, hoped that "by impersonally and critically evaluating the issues," the students would make "connections between environmental influences and disordered cognitions/behaviors" (p. 18). Additionally, the students were assigned homework designed to apply the group discussion and topics to their personal lives. When compared against females who had not taken the course, the intervention significantly affected improvement of body image and disordered eating behaviors and attitudes. They specifically found that participants in the course had decreased endorsement of drive for thinness on the EDI ($\underline{M}_{baseline}$=24.4, SD=11.2; $\underline{M}_{prevention}$=20.8, SD=10.7, $p<.000$). The authors hope that the course challenged the young women to work through their ideal standards of beauty toward more realistic beliefs.

Using Springer et al.'s (1999) study, Stice and Ragan (2002) attempted to create a more intense and longer-term intervention for reducing internalization of the thin-ideal and pressure to be thin from family, peers, and media. Seventeen, undergraduate females registered for the authors' course, entitled "Eating Disorders" (p. 161). They surveyed these participan tudents and 71 control students enrolled in other seminar courses (course names were not mentioned in the research) at the beginning and end of one, four-month semester. Through the Eating Disorder class, the participants learned to critically analyze western culture's thin-ideal, including "who perpetuates this ideal and the costs of pursuing it" (p. 167). Part of the class was also spent on understanding how media portrays women and comparing real weights of women with fabrications from media on models' body sizes and images. Further, the instructors informed the participants on the ineffectiveness of some weight control techniques. Their results from the surveys displayed that the participants in the intervention had significantly reduced levels of thin-

ideal internalization, body dissatisfaction, dieting, eating disorder symptoms, and body mass at the end of the semester, compared with controls. In regards to internalization, the researchers conducted a Condition x Time interaction and found that the effect of condition over time accounted for 14.5% of the variance in thin-ideal internalization for the participants ($F(1,64)=10.85$, $p<.005$) (no significant change occurred with the controls). Stice and Ragan believe the critical analysis of the thin-ideal may have helped decrease the subscription that the participants gave to the thin-ideal, which likely improved body satisfaction "because participants were no longer aspiring for an unrealistic body shape" (p. 167). They also conclude that increased body satisfaction decreases the potential to engage in dysfunctional eating patterns. Further, the class information "may have helped buffer these women from the documented adverse effects of exposure to the thin-ideal images portrayed in the media" (p. 167). Stice and Ragan do note that, although their study reduced eating disorder symptomatology, they recognize that the students self-selected the class, hence the sample was not random, and the results may have some expectancy effects from the participants. Nonetheless, both Springer et al.'s and Stice and Ragan's interventions may be similar with the psychodynamic perspective that one's first internalizations are idealized but through maturation and reality testing, these internalizations become more realistic (St. Clair, 2000).

Glidden and Tracey (1989) developed a comparison study on sociocultural versus personal attributions in counseling interventions. They created two separate, five-minute videos of a role-play between a counselor and client, discussing the clients feelings about being thin. In one tape, the counselor focused on attributing the client's problem to her individual situation and personality factors (personal attribution). In the second tape, the

counselor focused on attributing the problem to the larger sociocultural influences on weight (sociocultural attribution). Seventy-nine undergraduates watched both tapes in small groups and were surveyed on sex role attitudes, weight and body image, psychological symptoms, and counselor characteristics. Initially, the results unexpectedly revealed that the girls with traditional sex role attitudes preferred the sociocultural attribution, while the nontraditional girls (expected to fit into a feminist-type category) preferred the personal causal attribution. After a 3x2x2 ANOVA, the researchers discovered that both the traditional sex role girls and nontraditional sex role girls somewhat preferred the sociocultural interpretation, but those who were highly nontraditional preferred the personal attribution. The results also indicate that nontraditional women with weight concern preferred personal attributions, and traditional women with weight concern preferred the sociocultural approach. The authors hypothesize that their intervention may have offered a new perspective regarding cultural influences to girls with more traditional sex role attitudes, which may initiate an exploration of their sociocultural perspectives. Regarding the highly nontraditional girls preferring the personal attribution, the authors state that these girls may be "doubtful of the possibility that change in social attitudes and expectations will occur quickly enough to accommodate personal change and thus an approach emphasizing personal sources of distress appeared more practical" (p. 60). Glidden and Tracey note that their results need to be validated with actual clients versus students, but they hope their research supports the importance of the therapist's need to, first, understand their client's receptivity to different attributions to eating disorders and, second, give insights that make sense to the client's experience of difficulties.

Hepworth (1999) discusses the importance of long-term therapy as a way to transform, or externalize, one's internalizations of cultural ideals. She writes:

> Externalization of the problem attempts to separate the sense of self of the woman who is bound by dominant social and cultural norms and the woman acting upon her own body in response to those values and norms in terms of the thin ideal by refusing food. This creates the possibilities for a space to exist between anorexia nervosa as a thing that can be acted on and resisted, rather than being understood as an integral part of herself, and the definition of herself through psychopathology (p. 114).

Hepworth appears to speak to the internalizations that form one's sense of self, and works toward reorganizing what one may consider a part of themselves. Long-term therapy may also aid in exploring some of the initial stages of one's internalizations, possibly becoming aware of how parental internalizations have affected how one interacts with their environment, and how these internalizations have continued to develop over time (Cashdan, 1988).

Conclusion

This paper presents the literature regarding the internalization of Western culture's thin-ideal. The media appears to have communicated that physical beauty is an idealistically thin female body, and some individuals in society are buying into the importance of being thin and the perceived success that this ideal may bring to those who can meet it (Hepworth, 1999; Rand & Wright, 2000; Stice, 1994; Stormer & Thompson, 1996; Thomsen et al., 2001). Research has shown that simple exposure or awareness to

the culture's thin-ideal does not necessarily lead to eating pathology, but, rather, those who internalize the thin-ideal are potentially more likely to experience lower body satisfaction and higher eating disorder symptoms (Cusumano & Thompson, 2000; Gunewardene et al., 2000; Harrison, 2000; Heinberg et al., 1995; Irving et al., 1998; Kendler et al., 1991; Stice, 1994; Stice et al., 1999; Stice et al., 1998; Stice et al., 2000; Stice et al., 1994; Smolak et al., 2001; Stormer & Thompson, 1995; Thomsen et al., 2001). Measures such as the SATAQ and MMIS repeatedly reveal that internalization accounts for greater unique variance in predicting body dissatisfaction and dysfunctional eating behaviors than awareness of or exposure to the thin-ideal (Cusumano & Thompson, 2000; Griffiths et al., 1999; Heinberg et al., 1995; Smolak et al., 2001).

In theory, internalization is defined as taking in relationships, ideals, and culture in order to develop one's sense of self. Several studies have found that individuals, who seem to endorse the thin-ideal, incorporate this standard into their sense of identity or self (Cashdan, 1988; Cash, 1994; Cash & Szymanski, 1995; Heinberg et al., 1995; St. Clair, 2000; Stice et al., 2000). Also, several researchers have adopted the sociocultural theory to help explain internalization of the thin-ideal, as they have discovered strong relationships between media pressure, body dissatisfaction, and eating disorders (Smolak et al., 2001; Stice, 1994; Stice et al., 1994; Stormer & Thompson, 1996; Tsiantas & King, 2001; Wiederman & Pryor, 2000). Women who internalize the thin-ideal appear to yield to the pressure that the media presents and develop a cognitive and emotional schema regarding the need to be thin to be content (Hepworth, 1999; Phelps et al., 1999).

Yet, internalization is not simply the result of media pressure (Cusumano & Thompson, 1997; Lavin & Cash, 2001; Stice, 1994; Thomsen et al., 2001). Although

there does not seem to be a simple explanation to internalization, research reveals that individuals who internalize the thin-ideal and/or experience body dissatisfaction and eating pathology may also be more depressed or have a lower self-esteem (Cash, 1994; Fryer et al., 1998; Gaul et al., 2002; Irving et al., 1998; Keel et al., 2001; Pinhas et al., 1999; Rosen & Ramirez, 1998; Stice, 1994; Tiggeman, 2000; Wiederman & Pryor, 2000). Other researchers speculate that personality traits, such as perfectionism, may influence one's potential to internalize the thin-ideal (Gaul et al., 2002; Meyer et al., 2001; Stice et al., 1994; Sullivan et al., 1998), and individuals with poor peer or family relations may also learn to endorse the thin-ideal (Garcia, 1998; Graber & Brooks-Gunn, 2001; MacBrayer et al., 2001; Stice et al., 1999; Woodside et al., 2002). Specifically, research has shown that daughters, who identify and look-up to their mothers, are less likely to be dissatisfied with their bodies (Hahn-Smith & Smith, 2001); while those daughters, who perceive that their mothers endorse the thin-ideal and have poor eating habits, also appear to internalize the thin-ideal and struggle with poor eating behaviors (Stice et al., 1999; Woodside et al., 2002). In an important qualitative study, Thomsen et al. (2001) discovered that anorexics turned to media images of ideal female bodies when they experienced great difficulties in their families and felt they needed a sense of control. Further, these girls may have compared their bodies to friends when they were very young and, later, turned to comparing their bodies to ideal figures, which became an addictive behavior with contradictory messages.

It is important to note that there are a few general limitations of several studies presented in this paper. First, a majority of the researchers used undergraduate participants. While these students may represent a portion of the general population, the

results of some studies may not be generalizable to society as a whole or to individuals with eating disorders. However, although the majority of these students did not suffer from eating disorders, the studies that did use participants, who were diagnosed with eating disorders, often found similar results to the undergraduate studies, which may allow for some generalizability. A second limitation may be the use of self-report measures, as a large majority of these studies' results depended upon such questionnaires. Some individuals may answer the items based upon how they want to appear rather than how they actually are, and individuals also can differ on how they rate items, especially if likert scales or other variances exist. A third limitation is low values of correlations found in several studies, whether the authors were correlating internalization and body dissatisfaction or other co-factors and eating disorders. Therefore, it is important to cautiously consider the extent that each variable may have on individuals with eating disorders, including internalization of the thin-ideal. In fact, the lower correlations likely support the theory that eating disorders are likely caused by a combination of factors (some yet to be discovered), and that each individual may differ in what factors are more influential than others in their struggle with relational, emotional, cognitive, and physical disturbances.

An important and large aspect to internalization that was not covered in this paper is the significance and influence of cross-cultural ideals and expectations of the female figure. Some studies have found significant differences between socioeconomic class and/or ethnicity and the development of internalization of the thin-ideal (Harris, 1995; Wardle & Marsland, 1990). Research is also available in comparing the influence of the thin-ideal in individuals from different cultures and the process of acculturation (Akiba,

1998; Harris, 1995; Lake, Staiger, & Glowinski, 2000; Reiger, Touyz, Swain, & Beumont, 2001). The purpose of this paper, however, was to cover the process of internalization in Western culture, therefore, little was explored regarding this area.

A few studies have been published regarding treating the internalization of the thin-ideal with some success (Glidden & Tracey, 1989; Irving et al., 1998; Springer et al., 1999; Stice & Ragan, 2002). However, there is a real need for longitudinal studies examining the impact of internalization and the possible premeditated factors included in the process, along with enhanced research regarding the treatment of individuals who have internalized the thin-ideal (Harrison, 2000; Phelps et al., 1999; Stice, 1994).

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